DEC 11 2003

K033600

510(k) SUMMARY

as required per 807.92(c)

Submitters Name, Address:

Draeger Medical Systems, Inc.
16 Electronics Avenue
Danvers, MA 01923
Tel: (978) 907-7500
Fax: (978) 750-6879
Official Correspondent: Connie Hertel, Director
Quality Assurance & Regulatory Affairs
Contact person for this submission: Penelope H. Greco
Regulatory Submissions Manager
Date submission was prepared: November 12, 2003

Trade Name, Common Name and Classification Name:

Trade Name: INFINITY GammaXL

Common Name, Classification Name, Class and Regulation Number:

Common Name	Product Code	Class	Regulation Number
Monitor, Physiological, Patient (with Arrhythmia Detection or Alarms)	MHX	II	870.1025
Arrhythmia Detector & Alarm	74DSI	II	870.1025
System, Network and Communication, Physiological Monitors	MSX	II	870.2300

Legally Marketed Device:

INFINITY SC 6802XL K030313 / K993974

Description of Device Modifications:

The VF4 release of the INFINITY GammaXL (SC 6802XL) supports the "look and feel" of the Draeger Medical product line, including the Draeger logo, colors, menu structure, and physical form. An alarm indicator has been added to the top center of the device that illuminates in red or yellow for the purpose of displaying both life threatening and serious alarms respectively. Testing in accordance with internal design control procedures has verified that the INFINITY GammaXL with VF4 modifications is as safe and effective as the SC 6802XL as submitted in 510(k) K030313.

Intended Use:

The intended use of this device is to monitor heart rate, respiration rate, invasive pressure, non-invasive pressure, arrhythmia, temperature, arterial oxygen saturation and pulse rate, central apnea, end-tidal carbon dioxide, and ST Segment Analysis. This device will produce visual and audible alarms if any of these parameters vary beyond preset limits and produce timed or alarm recordings. This device will connect to R50 recorders, either directly or via the INFINITY network.

Assessment of non-clinical performance data for equivalence: Section J

Assessment of clinical performance data for equivalence: Not applicable

Biocompatability: Not applicable

Sterilization: Not applicable

Standards: Section J

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

DEC 11 2003

Draeger Medical Systems, Inc.
c/o Ms. Penelope H. Greco
Regulatory Submissions Manager
16 Electronics Avenue
Danvers, MA 01923

Re: K033600
Trade Name: INFINITY GammaXL
Regulation Number: 21 CFR 870.1025
Regulation Name: Arrhythmia Detector and Alarm
Regulatory Class: Class II (two)
Product Code: MHX
Dated: November 12, 2003
Received: November 14, 2003

Dear Ms. Greco:

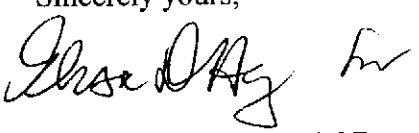
We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.
This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (301) 594-4646. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html

Sincerely yours,



Bram D. Zuckerman, M.D.
Director
Division of Cardiovascular Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

510(k) Number (if known):_____

Device Name: INFINITY GammaXL

Indications for Use:

This device is capable of monitoring:

- Heart Rate
- Respiration Rate
- Invasive Pressure
- Non-Invasive Pressure
- Arrhythmia
- Temperature
- Arterial oxygen saturation
- Pulse rate
- (central) apnea
- end-tidal CO2
- ST Segment Analysis

This device will produce visual and audible alarms if any of these parameters vary beyond preset limits and produce timed or alarm recordings. This device will connect to R50 recorders, either directly or via the INFINITY network.

The device is intended to be used in the environment where patient care is provided by Healthcare Professionals, i.e. physicians, nurses, and technicians, trained on the use of the device, who will determine when use of the device is indicated, based upon their professional assessment of the patient's medical condition.

The devices are intended for use in the Adult, Pediatric and Neonatal populations, *with the exception of Arrhythmia and ST Segment Analysis which are not intended for the neonatal population.*

MRI Compatibility Statement:
The INFINITY GammaXL is not compatible for use in a MRI magnetic field.

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use X OR Over-The-Counter Use____
(Per 21 CFR 801.109)

(Optional Format 1-2-96)

Prescription Use X
(Per 21 CFR 801.109)

12/11/00

Division of Cardiovascular & Respiratory Devices
510(k) Number K003600